

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate Max PhillipsAddress P. O. Box 335Telephone 601-382-5050

Fax \_\_\_\_\_

Contact Name Max PhillipsEmail max42893@aol.comOffice Sought Commissioner of Agriculture & Commerce Political Party Republican☐ Check here if above is different from previous report**TYPE OF REPORT**

\_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory

\_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

\_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$105,500.00 + \$15,850.00	\$ 121,350.00	\$ 121,350.00
Total amount of disbursements	\$1,284.00 + 13,676.59	\$ 14,960.59	\$
Total amount of cash on hand		\$ 106,389.41	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

January 28, 2011

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronnie Herrington</u>		<u>12</u> / <u>01</u> / <u>10</u>	\$ <u>2,400.00</u>
Mailing Address <u>P O Box 2703</u>		___/___/___	\$
City, State, Zip Code <u>Laurel, MS 39442</u>		___/___/___	\$
Name of Employer (Required) <u>Self Employed</u>		___/___/___	\$
Occupation (Required) <u>Oil Services</u>		Aggregate year-to-date	\$ <u>2,400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nan Herrington</u>		<u>12</u> / <u>01</u> / <u>10</u>	\$ <u>2,400.00</u>
Mailing Address <u>P O Box 2703</u>		___/___/___	\$
City, State, Zip Code <u>Laurel, MS 39442</u>		___/___/___	\$
Name of Employer (Required) <u>Self Employed</u>		___/___/___	\$
Occupation (Required) <u>Oil Services</u>		Aggregate year-to-date	\$ <u>2,400.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cal-Maine Foods Inc.</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 2960</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39207</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suzanne Phillips</u>		<u>12</u> / <u>06</u> / <u>10</u>	\$ <u>32,700.00</u>
Mailing Address <u>302 Mayhaw Street</u>		___/___/___	\$
City, State, Zip Code <u>Taylorsville, MS 39168</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) <u>Band Director</u>		Aggregate year-to-date	\$ <u>32,700.00</u>



Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BR Cattle Company LLC</u>		<u>12, 31, 10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 2333</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Collins, MS 39428</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leslie Newcomb</u>		<u>12, 01, 10</u>	\$ <u>500.00</u>
Mailing Address <u>6 Ashley Court</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>South Mississippi PDD</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Executive Director</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Huey Robinson</u>		<u>12, 23, 10</u>	\$ <u>4,000.00</u>
Mailing Address <u>589 CR 45</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Mt. Olive, MS 39119</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Farmer</u>		Aggregate year-to-date	\$ <u>4,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Max Phillips</u>		<u>12, 31, 10</u>	\$ <u>60,000.00</u>
Mailing Address <u>P O Box 335</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Taylorville, MS 39168</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Cattle Farmer</u>		Aggregate year-to-date	\$ <u>60,000.00</u>

Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mayzell O. Phillips</u>		<u>12</u> / <u>15</u> / <u>10</u>	\$ <u>2,500.00</u>
Mailing Address <u>198 Flem Phillips Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Laurel, MS 39443</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
M2 Advertising	12/01/10	\$ 300.00
Mailing Address		
2550 Marshall Road		
City, State, Zip Code		
Biloxi, MS 39531		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
Advertising		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Advertising	12/6/10	\$ 984.00
Mailing Address		
Box 66338		
City, State, Zip Code		
Baton Rouge, LA 70896		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 984.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Max Phillips  
Signature of Candidate

January 28, 2011

Date

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2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronnie Herrington</u>		<u>12</u> / <u>01</u> / <u>10</u>	\$ <u>2,400.00</u>
Mailing Address <u>P O Box 2703</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Laurel, MS 39442</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self Employed</u>		___ / ___ / ___	\$
Occupation (Required) <u>Oil Services</u>		Aggregate year-to-date	\$ <u>2,400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nan Herrington</u>		<u>12</u> / <u>01</u> / <u>10</u>	\$ <u>2,400.00</u>
Mailing Address <u>P O Box 2703</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Laurel, MS 39442</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self Employed</u>		___ / ___ / ___	\$
Occupation (Required) <u>Oil Services</u>		Aggregate year-to-date	\$ <u>2,400.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cal-Maine Foods Inc.</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 2960</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39207</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suzanne Phillips</u>		<u>12</u> / <u>06</u> / <u>10</u>	\$ <u>32,700.00</u>
Mailing Address <u>302 Mayhaw Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Taylorsville, MS 39168</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) <u>Band Director</u>		Aggregate year-to-date	\$ <u>32,700.00</u>

Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BR Cattle Company LLC</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 2333</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Collins, MS 39428</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leslie Newcomb</u>		<u>12</u> / <u>01</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>6 Ashley Court</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>South Mississippi PDD</u>		___ / ___ / ___	\$
Occupation (Required) <u>Executive Director</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Huey Robinson</u>		<u>12</u> / <u>23</u> / <u>10</u>	\$ <u>4,000.00</u>
Mailing Address <u>589 CR 45</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Mt. Olive, MS 39119</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self employed</u>		___ / ___ / ___	\$
Occupation (Required) <u>Farmer</u>		Aggregate year-to-date	\$ <u>4,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Max Phillips</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>60,000.00</u>
Mailing Address <u>P O Box 335</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Taylorsville, MS 39168</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self Employed</u>		___ / ___ / ___	\$
Occupation (Required) <u>Cattle Farmer</u>		Aggregate year-to-date	\$ <u>60,000.00</u>



Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mayzell O. Phillips</u>		<u>12</u> / <u>15</u> / <u>10</u>	\$ <u>2,500.00</u>
Mailing Address <u>198 Flem Phillips Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Laurel, MS 39443</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Max PhillipsReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> M2 Advertising	<b>Date</b> (Mo., Day, Year) <u>12</u> / <u>01</u> / <u>10</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 300.00
<b>Mailing Address</b> 2550 Marshall Road		
<b>City, State, Zip Code</b> Biloxi, MS 39531	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Advertising	<b>Aggregate</b> <b>Year-to-date</b>	\$ 300.00
<b>B. Full name</b> Lamar Advertising	<b>Date</b> (Mo., Day, Year) <u>12</u> / <u>6</u> / <u>10</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 984.00
<b>Mailing Address</b> Box 66338		
<b>City, State, Zip Code</b> Baton Rouge, LA 70896	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 984.00
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	<b>Amount of each</b> <b>disbursement this period</b> \$
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	<b>Amount of each</b> <b>disbursement this period</b> \$
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	<b>Amount of each</b> <b>disbursement this period</b> \$
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	<b>Amount of each</b> <b>disbursement this period</b> \$
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$